

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 06/06/03.

### **I. DISPUTE**

Whether there should be a refund for Ambulatory and radiology services for the dates of service 06/11/02 and 07/30/02.

### **II. RATIONALE**

The insurance carrier is seeking a refund in the amount of \$4,420.00 for the dates of service listed above per Rule 133.304(b)(3). The carrier has 45 days to request a refund after receiving a complete medical bill. The insurance carrier received the bill 06/13/02 and 07/31/02 and payment was made on 07/30/02 and 08/30/02. The insurance carrier responded with a request for refund on October 16 2002. The refund was requested 81 days after receipt of bill and is not consistent with rule 133.304(b)(3). Therefore a refund is not recommended.

### **III. FINDINGS & DECISION**

The above Findings, Decision is hereby issued this 9th day of January 2004.

Michael Bucklin  
Medical Dispute Resolution Officer  
Medical Review Division

MB/mb